

EXHIBIT H-3 - ADJOURNED PENSION AND BENEFIT CLAIM

CREDITOR'S NAME AND ADDRESS*	CLAIM NUMBER	ASSERTED CLAIM AMOUNT**	DATE FILED	DOCKETED DEBTOR
JAMES A LUECKE	18049	Secured: Priority: Administrative: \$159,000.00 Unsecured: _____ Total: \$159,000.00	06/29/2009	DELPHI CORPORATION (05-44481)
Total:		1		\$159,000.00

* The address of the creditor on this exhibit has been intentionally omitted for privacy reasons.

** "UNL" denotes an unliquidated claim.